


United States Bankruptcy Court for the Southern District of New York

WITHDRAWAL OF CLAIM

Debtor Name and Case Number:	Lehman Brothers Special Financing Inc. 08-13888
Creditor Name and Address:	Stanford Hospital and Clinics 300 Pasteur Drive, MC 5554 Stanford, CA 94305 Attn: Daniel J. Morissette
Court Claim Number (if known):	29113
Date Claim Filed:	September 22, 2009
Total Amount of Claim Filed:	\$1,557,281.24

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby withdraw the above-referenced claim and authorize the Clerk of this Court, or their duly appointed Claims Agent, to reflect this withdrawal on the official claims register for the above-referenced Debtor.

Dated: 3/18/2010


Print Name: Daniel J. Morissette
Title (if applicable): Chief Financial Officer